

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 22

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial)

A. Robert J. Gauvin

Mailing Address PO Box 111

City

Mattapoisett

State

MA

Zip Code

02739-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Professionals, Inc.

Occupation

CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

01 / 12 / 2015

Transaction ID : 47DE94F275686D7D0562

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

B. Mark A. Giles

Mailing Address 8646 Ethans Glen Ter

City

Jacksonville

State

FL

Zip Code

32256-9070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale New Haven Hospital

Occupation

CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 25 / 2015

Transaction ID : 3AEEC4B8AB89462A8C88

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kristie J. Hoch

Mailing Address 69 Main Rd S

City

Hampden

State

ME

Zip Code

04444-1301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Maine Medical Ctr

Occupation

CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 18 / 2015

Transaction ID : B5B64D711C4D41358CFD

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

708.34